

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90285 004 \*\*\*\*61.25

**DOCUMENT # N97000001140**

**1. Entity Name**  
**ONENESS PENTECOSTAL LIGHTHOUSE, INC.**



**Principal Place of Business**  
**C/O SALLY L DAVIS**  
**3312 17TH ST W**  
**LEHIGH ACRES, FL 33971 US**

**Mailing Address**  
**C/O SALLY L. DAVIS**  
**3312 17TH ST W**  
**LEHIGH ACRES, FL 33971**

**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
**65-0716574**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DAVIS, SALLY L**  
**3312 17TH ST W**  
**LEHIGH ACRES, FL 33971**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **D** ☐ Delete  
**NAME** **SMITH, RONALD J SR**  
**STREET ADDRESS** **3705 16TH ST W**  
**CITY-ST-ZIP** **LEHIGH ACRES, FL 33971**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **MULLIN, MOLLY A**  
**STREET ADDRESS** **807 DENIS AVE N**  
**CITY-ST-ZIP** **LEHIGH ACRES, FL 33971**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **DAVIS, SALLY L**  
**STREET ADDRESS** **3312 17TH ST W**  
**CITY-ST-ZIP** **LEHIGH ACRES, FL 33971**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **STD** ☐ Delete  
**NAME** **BRYANT, SHIRLEY A**  
**STREET ADDRESS** **3312 17TH ST W**  
**CITY-ST-ZIP** **LEHIGH ACRES, FL 33971**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☒ Delete  
**NAME** **MULLIN, JOSEPH B.**  
**STREET ADDRESS** **671 CITRUS STREET**  
**CITY-ST-ZIP** **LABELLE, FL 33975**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE**

4/17/07